

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?: Paper

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: TUMOR TARGETING AGENTS AND USES
THEREOF

Attorney Docket Number:: 014975-114

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Finland

Status:: Full Capacity

Given Name:: Mathias

Middle Name::

Family Name:: BERGMAN

Name Suffix::

City of Residence:: Ostersundom

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Skutholminkaari 16

City of Mailing Address:: Ostersundom

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-01100

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Merja
Middle Name::	
Family Name::	AUVINEN
Name Suffix::	
City of Residence::	Espoo
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Westendin puistotie 10 A
City of Mailing Address::	Espoo
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-02160
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Hannu
Middle Name::	
Family Name::	ELO
Name Suffix::	

City of Residence:: Helsinki
State or Province of Residence::
Country of Residence:: Finland
Street of Mailing Address:: Kauppaneuvoksentie 12
City of Mailing Address:: Helsinki
State or Province of Mailing Address::
Country of Mailing Address:: Finland
Postal or Zip Code of Mailing Address:: FI-00200

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/FI2003/000723	10/03/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Finland	20021763	10/03/2002	Yes

Assignee Information

Assignee Name:: KARYON OY

Street of Mailing Address:: Viikinkaari 4

City of Mailing Address:: Helsinki

State or Province of Mailing
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing
Address:: FI-00790